

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____		(X3) DATE SURVEY COMPLETED 03/10/2015
NAME OF PROVIDER OR SUPPLIER ELM VILLA		STREET ADDRESS, CITY, STATE, ZIP CODE 1915 SOUTH ELM STREET HIGH POINT, NC 27260			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
C 000	Initial Comments Report of a Biennial Construction Survey by Ed Miller on March 10, 2015. Records indicate that the facility was first licensed or submitted as a Home for the Aged serving 44 residents on June 1, 1983. Therefore the facility must meet the 1977 and the applicable portions of the 2005 Rules for Licensing of Adult Care Homes, and, the 1978 North Carolina State Building Code(s) revision 4 section 409, Institutional unrestrained occupancy. Physical plant deficiencies were noted which require a plan of correction.	C 000	<p>CONSTRUCTION SECTION</p> <p>APR 16 2015</p> <p>RECEIVED</p>		
C 101	Existing Licensed Fac- No less than '71 Rules SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0301 APPLICATION OF PHYSICAL PLANT REQUIREMENTS The physical plant requirements for each adult care home shall be applied as follows: (2) Except where otherwise specified, existing licensed facilities or portions of existing licensed facilities shall meet licensure and code requirements in effect at the time of construction, change in service or bed count, addition, renovation, or alteration; however in no case shall the requirements for any licensed facility where no addition or renovation has been made, be less than those requirements found in the 1971 "Minimum and Desired Standards and Regulations" for "Homes for the Aged and Infirm", copies of which are available at the Division of Health Service Regulation, 701 Barbour Drive, Raleigh, North Carolina, 27603 at no cost; This Rule is not met as evidenced by: 1. Based on observation, the Building was not in	C 101			

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Nichole Holbrook Asst. Administrator

(X6) DATE

4-16-15

PRINTED: 04/09/2015
FORM APPROVED

Division of Health Service Regulation

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AND PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA
IDENTIFICATION NUMBER:

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(X2) MULTIPLE CONSTRUCTION

A. BUILDING: 01

B. WING

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03/10/2015

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ELM VILLA

STREET ADDRESS, CITY, STATE, ZIP CODE

1915 SOUTH ELM STREET

HIGH POINT, NC 27260

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C 101

Continued From page 1

conformance with the NC State Building Code, because the stair tower door swings in the opposite direction of egress. This could affect all residents, staff and visitors by delaying prompt egress and possibly allowing occupants to crowd the door, making opening the door impossible in an emergency.

Findings on March 10, 2015:

a. The lower level fire-resistance-rated stair tower door swings in the wrong direction.

C 101

C 111 Must Have Current San. & Fire Safety Reports

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0302 DESIGN AND
CONSTRUCTION

f) The facility shall have current sanitation and fire and building safety inspection reports which shall be maintained in the home and available for review.

This Rule is not met as evidenced by:

1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not preventing any systems deficiency that may be discovered with annual inspections.

Findings on March 10, 2015:

a. The records indicated that the last Annual Kitchen Sanitation Report was performed over a year ago on February 28, 2013.

C 111

The door was turned to same direction of egress. Was Re-Framed. Completed 4/15/15
Sheet rock above Frame will be completed 4/30/15

C 128

Bathrooms-Minimum Facilities

SECTION .0300 - PHYSICAL PLANT

C 128

ON August 25, 2014 Mr. Thomas inspected building. Stated would return for kitchen. Notified Floyd Thomas of Health Dept. 3/11/15 and he has put us on schedule. will send copy of Report when done.

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C 128 Continued From page 2

10A NCAC 13F .0305 PHYSICAL
ENVIRONMENT(e) The requirements for bathrooms and toilet
rooms are:(1) Minimum bathroom and toilet facilities shall
include a toilet and a hand lavatory for each 5
residents and a tub or shower for each 10
residents or portion thereof;

This Rule is not met as evidenced by:

1. Based on observation, the facility failed to
ensure the plumbing fixture to resident ratio
required by the Rule. This deficiency affects all
residents who must wait to use these fixtures.
Findings on March 10, 2015:a. The bathing and toilet facilities are
undergoing renovations at the following locations
to include but not limited to:i. Double Toilet Room/Shower Room in
Bathroom cluster on lower level.

C 128

Floor cleaned and bathroom
opened to Residents

3/10/15

Floor tiles were installed
in stages while residents
Resting over 3 days so tub
and toilets Available
completed

3/26/15

C 133 Bathrooms-Hand Grips

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL
ENVIRONMENT(e) The requirements for bathrooms and toilet
rooms are:(6) Hand grips shall be installed at all
commodes, tubs and showers used by or
accessible to residents;

This Rule is not met as evidenced by:

1. Based on observation, the facility failed to
ensure that commodes, are equipped with stable
hand grips. This deficiency affects all residents
who use these unstable fixtures by not providing
increasing safety, stability/balance, and
maneuverability required of these devices.

C 133

Hand grips will be installed

4/30/15

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C 133: Continued From page 3

Findings on March 10, 2015:

a. There were loose hand grips (grab bar) at the
commodes in the following locations to include
but not limited to:i. Toilet Room next to Shower Room in
Bathroom cluster on lower level.

C 133

*Grab bars that were loose
were all secured tightly**3/10/15*

C 148: Corridors-Handrails

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0305 PHYSICAL
ENVIRONMENT(g) The requirements for corridors are:
(2) Handrails shall be provided on both sides of
corridors at 36 inches above the floor and be
capable of supporting a 250 pound concentrated
load;

This Rule is not met as evidenced by:

1. Based on observation, the building was not
maintained in a safe manner by not having stable
handrails in the corridor. This deficiency affects
all residents, staff and visitors who use this
unstable handrail by not providing increasing
safety, stability/balance, and maneuverability
required of these devices.

Findings on March 10, 2015:

a. The handrail was loose, at the following
locations to include but not limited to:
i. Dining Room wall between Cross Corridor
Door and Kitchen/Dining Room door.

C 148

*Hand rails all over building
were checked and tightened
securely.
Will do Regular checks
to keep secure**3/10/15*

C 164: Housekeeping and Furnishings-Clean, Repaired

SECTION .0300 - PHYSICAL PLANT
10A NCAC 13F .0306 HOUSEKEEPING AND
FURNISHINGS

(a) Adult care homes shall:

(1) have walls, ceilings, and floors or floor

C 164

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1915 SOUTH ELM STREET

HIGH POINT, NC 27260

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C 164	Continued From page 4 coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by exposing them to odors, unsanitary conditions and equipment in disrepair. Findings on March 10, 2015: a. The connection of the commode to the floor was loose, at the following locations to include but not limited to: i. Toilet Room near Bedroom 203 ii. Toilet Room next to Shower Room in Bathroom cluster on lower level. 2. Based on Observation, the facility failed to provide an environment in accordance with this Rule. This would affect all residents, staff and visitors by potentially exposing them to unsanitary conditions. Findings on March 10, 2015: a. Some plumbing fixtures had hoses long enough to reach gray water that were not equipped with vacuum breakers to prevent backsiphonage of gray water back into the potable water plumbing lines. The hoses are at the following locations to include but not limited to: i. The Shower in the Beauty Shop/Bathroom.	C 164	<i>Cleaned and sanitized WIA do twice daily as Residents miss toilet and urinate in floor.</i> <i>Toilet was pulled installed New seal and bolts.</i> <i>Hose will be changed to shorter hose with vacuum breaker</i>	<i>3/10/15</i> <i>3/18/15</i> <i>4/24/15</i>
C 185	Fire Safety-Rehearsals on Each Shift SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0309 PLAN FOR EVACUATION (b) There shall be rehearsals of the fire plan	C 185		

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C 185	<p>Continued From page 5</p> <p>quarterly on each shift in accordance with the requirement of the local Fire Prevention Code Enforcement Official.</p> <p>(c) Records of rehearsals shall be maintained and copies furnished to the county department of social services annually. The records shall include the date and time of the rehearsals, the shift, staff members present, and a short description of what the rehearsal involved.</p> <p>(f) This Rule shall apply to new and existing facilities.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Record review, and interview with Executive Director/Maintenance Director the facility failed to provide an environment in accordance with this Rule. This deficiency affects all residents, staff and visitors by not having trained staff and cooperative residents when a there is a need to evacuate the building. Findings on March 10, 2015:</p> <p>1. The records of fire plan rehearsals did not describe what the residents rehearsed and provided limited description of what staff rehearsed.</p>	C 185	<p><i>Records are kept of Rehearsals for each month. will include Detailed description.</i></p> <p><i>Fire safety training was done with staff.</i></p> <p><i>Residents will train on evacuations.</i></p> <p><i>New staff and Residents will be trained as hired or admitted.</i></p>	<p><i>4/14/15</i></p> <p><i>4/17/15</i></p>
C 188	<p>Electrical Outlets in Wet Locations</p> <p>SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0310 ELECTRICAL OUTLETS</p> <p>All adult care home electrical outlets in wet locations at sinks, bathrooms and outside of building shall have ground fault interrupters.</p> <p>This Rule is not met as evidenced by:</p> <p>1. Based on Observation, the facility failed to maintain in a safe manner, the electrical power receptacles near wet areas. This would affect all</p>	C 188	<p><i>GFI Receptacles installed in laundry Room. Will check</i></p>	<p><i>3/16/15</i></p>

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C 188	Continued From page 6 residents, staff and visitors by not providing ground fault protection to these devices. Findings on March 11, 2015: a. The electrical power receptacles that are within six feet of wet areas did not provide ground fault protection at the following locations to include but not limited to: i. Upper level laundry,	C 188	<i>all others to make sure GFI in any wet areas</i>	<i>4/30/15</i>
C 189	Building Equipment Maintained Safe, Operating SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in an adult care home shall be maintained in a safe and operating condition. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the Building was not maintained in a safe and operating condition, because some of the safety components on the dumbwaiter had been removed, were broke or failed to function as originally intended to prevent the spread of smoke/fire and limiting unauthorized persons access to an open shaft. This could affect all residents, staff and visitors by not limiting unauthorized persons access to an open shaft and by not containing smoke and fire on the level of origin or smoke compartment. Findings on March 10, 2015: a. Upon arrival, both side swinging dumbwaiter shaft doors were open simultaneously, b. The upper floor, side swinging dumbwaiter	C 189	<i>Repaired Springs to both dumb waiters and locks installed to prevent unauthorized access AND prevent smoke from spreading will be locked except when in use.</i>	<i>3/13/15</i>

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HIGH POINT, NC 27260**

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C 189	Continued From page 7 shaft door's closing mechanism (spring) was disengaged, c. The upper floor, side swinging dumbwaiter shaft door had no functioning latch, d. The upper floor, side swinging dumbwaiter shaft door had no lock to limit unauthorized persons access to the shaft, e. The lower floor, side swinging dumbwaiter shaft door latch did not have a receptor. 2. Based on observation, the Building was not maintained in a safe and operating condition, because the stair tower fire-resistance-rated doors did not resist the passage of smoke and fire due to door leaf not fitting into their frames with acceptable gaps under normal closing force. This could affect all residents, staff and visitors if the doors did not contain smoke/fire in the room of origin. Findings on March 10, 2015: a. The lower level fire-resistance-rated stair tower door had a gap that exceeded the frame stop on the strike side of the door. 3. Based on observations, the Building was not maintained in a safe and operating condition, because breaches through the fire-resistance-rated construction invalidated its integrity. This could affect all residents, staff and visitors if smoke/fire is not contained in Room or compartment of origin. Findings on March 10, 2015: a. The lower Level Stair Tower gypsum wall was loosely attached to the CMU side wall and moves when door shuts. b. The ceiling has hole in the following locations: i. Toilet Room near Bedroom 203 at the exhaust fan. 4. Based on observation, the Building was not	C 189	<i>a) New Frame done gypsum being attached to Rella Framing to make more secure and close gaps b) Hole closed with gypsum board mud</i>	<i>4/30/15 3/17/15</i>

Division of Health Service Regulation

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If continuation sheet 8 of 12

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C 189	<p>Continued From page 8</p> <p>maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, did not work properly. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 10, 2015:</p> <p>a. The wall-mounted self-contained emergency light did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Upper Floor Corridor near Laundry.</p> <p>b. The wall mounted self-contained combination exit sign/emergency light unit did not work on backup power when the test button was pushed at the following locations to include but not limited to:</p> <p>i. Upper Floor stair tower exit.</p> <p>5. Based on observation, the Building was not maintained in a safe and operating condition, because the emergency lighting, which illuminates the egress pathways during power outages, would not properly illuminate the exit access corridor. This would affect all residents, staff and visitors if the egress pathways were not illuminated during the power outages and there was no other illumination. Findings on March 10, 2015:</p> <p>a. Interview with facility staff revealed an emergency light, originally located between Bedrooms 105 and 108 had been removed. There is currently one unit near each end of the hall and the distance between units is about 75 feet. Further interview revealed one unit had been replaced with a unit which uses LED bulbs and was not designed to illuminate the same length of corridor.</p>	C 189	<p><i>Battery changed to make emergency light illuminate egress pathway</i></p> <p><i>New Exit Light installed</i></p> <p><i>New 2 headlight emergency Light installed where Mr Miller instructed to be installed</i></p>	<p><i>3/16/15</i></p> <p><i>3/13/15</i></p> <p><i>3/18/15</i></p>

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C 189	Continued From page 9	C 189		
	<p>6. Based on observation, the Building was not maintained in a safe and operating condition, because the exit sign, did not work or relay directional information properly. This would affect all residents, staff and visitors if they could not promptly find their way to an exit during and emergency.</p> <p>Findings on March 10, 2015:</p> <p>a. The wall mounted self-contained combination exit sign/emergency light unit had inappropriate chevrons graphics that did not direct you to the way out of the building during an emergency at the following locations to include but not limited to:</p> <p>i. Upper Floor stair tower exit.</p>		<p>The arrow cover had not Removed when installed to show lighted directions. Cover Removed and shows direction</p>	3/10/15
	<p>7. Based on observation, the Building was not maintained in a safe and operating condition, because the corridor doors did not resist the passage of smoke due to the doors not positively/automatically latching into their frame under normal closing force. This could affect all residents, staff and visitors if the doors were not latched and did not contain smoke/fire in the room of origin.</p> <p>Findings on March 10, 2015:</p> <p>a. The corridor door to Bathroom near Bedroom 203 did not latch to its frame,</p> <p>b. The corridor door to Bedroom 109 did not latch to its frame,</p> <p>c. The corridor door to Bedroom 107 did not latch to its frame, because it rubs against its frame.</p> <p>d. The corridor door to Bedroom 103 did not latch to its frame because the door took extra force to close door,</p> <p>e. The corridor door to Bedroom 104 did not latch to its frame because hinge screws were being out of the door frame.</p> <p>f. The cross corridor door at the Upper Level</p>		<p>a) Replaced lock and adjusted Frame</p> <p>b) Adjusted stricker and door stops to latch correctly</p> <p>c) Adjusted door stricker and door to latch and not rub Frame</p> <p>d) Reinstalled door stops Door hinges and stricker</p>	<p>3/10/15</p> <p>3/17/15</p> <p>3/17/15</p> <p>3/17/15</p>

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C 189	<p>Continued From page 10</p> <p>Dining did not latch to its frame because the latch was misaligned with strike plate on frame.</p> <p>8. Based on Observation, the Building was not maintained in a safe and operating condition, because portable medical oxygen cylinders were not being properly handled/stored. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings on March 10, 2015: a. Two portable medical oxygen cylinders were stored standing up on the floor not secured to the structure at the following locations to include but not limited to: i. Bedroom 205</p> <p>9. Based on Observation, the Building was not maintained in a safe and operating condition, because some building components are failing to function as originally intended. This could affect all residents, staff and visitors if insects, vermin or weather can enter the building or a component does not work Findings on March 10, 2015: a. The front exterior door had two, 1/2 inch x 3 inch gaps between the threshold and the bottom of the door sweep.</p> <p>10. Based on Observation, the Building was not maintained in a safe and operating condition, because, some corridor doors were held open by devices that do not release with a push or pull of the door, preventing the doors from being closed and latched rapidly. This could affect all residents, staff and visitors by not containing smoke and fire in the room of origin. Findings on March 10, 2015: a. Kitchen/Dining Room was wedged open.</p>	C 189	<p>e) Replaced Frame and installed metal door and Replaced molding 3/13/15</p> <p>f) Remaid a new stricker location to latch</p> <p>a) Obtained appropriate storage container to make o2 cylinders secure from o2 vendor 3/14/15</p> <p>a) New threshold door sweep installed 3/12/15</p> <p>a) Door wedge removed and instructed staff not allowed 3/10/15</p>	

Division of Health Service Regulation

ATE FORM

12345678910111213141516171819202122232425262728293031323334353637383940414243444546474849505152535455565758596061626364656667686970717273747576777879808182838485868788899091929394959697989910010110210310410510610710810911011111211311411511611711811912012112212312412512612712812913013113213313413513613713813914014114214314414514614714814915015115215315415515615715815916016116216316416516616716816917017117217317417517617717817918018118218318418518618718818919019119219319419519619719819920020120220320420520620720820921021121221321421521621721821922022122222322422522622722822923023123223323423523623723823924024124224324424524624724824925025125225325425525625725825926026126226326426526626726826927027127227327427527627727827928028128228328428528628728828929029129229329429529629729829930030130230330430530630730830931031131231331431531631731831932032132232332432532632732832933033133233333433533633733833934034134234334434534634734834935035135235335435535635735835936036136236336436536636736836937037137237337437537637737837938038138238338438538638738838939039139239339439539639739839940040140240340440540640740840941041141241341441541641741841942042142242342442542642742842943043143243343443543643743843944044144244344444544644744844945045145245345445545645745845946046146246346446546646746846947047147247347447547647747847948048148248348448548648748848949049149249349449549649749849950050150250350450550650750850951051151251351451551651751851952052152252352452552652752852953053153253353453553653753853954054154254354454554654754854955055155255355455555655755855956056156256356456556656756856957057157257357457557657757857958058158258358458558658758858959059159259359459559659759859960060160260360460560660760860961061161261361461561661761861962062162262362462562662762862963063163263363463563663763863964064164264364464564664764864965065165265365465565665765865966066166266366466566666766866967067167267367467567667767867968068168268368468568668768868969069169269369469569669769869970070170270370470570670770870971071171271371471571671771871972072172272372472572672772872973073173273373473573673773873974074174274374474574674774874975075175275375475575675775875976076176276376476576676776876977077177277377477577677777877978078178278378478578678778878979079179279379479579679779879980080180280380480580680780880981081181281381481581681781881982082182282382482582682782882983083183283383483583683783883984084184284384484584684784884985085185285385485585685785885986086186286386486586686786886987087187287387487587687787887988088188288388488588688788888989089189289389489589689789889990090190290390490590690790890991091191291391491591691791891992092192292392492592692792892993093193293393493593693793893994094194294394494594694794894995095195295395495595695795895996096196296396496596696796896997097197297397497597697797897998098198298398498598698798898999099199299399499599699799899910001001100210031004100510061007100810091010101110121013101410151016101710181019102010211022102310241025102610271028102910301031103210331034103510361037103810391040104110421043104410451046104710481049105010511052105310541055105610571058105910601061106210631064106510661067106810691070107110721073107410751076107710781079108010811082108310841085108610871088108910901091109210931094109510961097109810991100110111021103110411051106110711081109111011111112111311141115111611171118111911201121112211231124112511261127112811291130113111321133113411351136113711381139114011411142114311441145114611471148114911501151115211531154115511561157115811591160116111621163116411651166116711681169117011711172117311741175117611771178117911801181118211831184118511861187118811891190119111921193119411951196119711981199120012011202120312041205120612071208120912101211121212131214121512161217121812191220122112221223122412251226122712281229123012311232123312341235123612371238123912401241124212431244124512461247124812491250125112521253125412551256125712581259126012611262126312641265126612671268126912701271127212731274127512761277127812791280128112821283128412851286128712881289129012911292129312941295129612971298129913001

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If continuation sheet 11 of 12

PRINTED: 04/09/2015
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: HAL041045	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 03/10/2015
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

ELM VILLA

**1915 SOUTH ELM STREET
HIGH POINT, NC 27260**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 199	Continued From page 11	C 199		
C 199	Exhaust Ventilation SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F .0311 OTHER REQUIREMENTS (g) The spaces listed in this Paragraph shall be provided with exhaust ventilation at the rate of two cubic feet per minute per square foot. This requirement does not apply to facilities licensed before April 1, 1984, with natural ventilation in these specified spaces: (1) soiled linen storage; (2) soil utility room; (3) bathrooms and toilet rooms; (4) housekeeping closets; and (5) laundry area. (k) This Rule shall apply to new and existing facilities with the exception of Paragraph (e) which shall not apply to existing facilities. This Rule is not met as evidenced by: 1. Based on Observation, the facility failed to provide an environment in accordance with this Rule by not maintaining the ventilation where odors are generated. This could affect all residents, staff and visitors by subjecting them to odors. Findings on February 27, 2015: a. The spot exhaust fan was not running, at the following locations to include but not limited to: i. Upper floor Laundry.	C 199	a) A new motor put in exhaust Fan to work appropriately	3/12/15

Division of Health Service Regulation

STATE FORM

6999

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If continuation sheet 12 of 12